

<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>2</b>						
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.														
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>														
1. CONTRACT/PURCH ORDER NO. <b>SP0700-01-D-9716</b>			2. DELIVERY ORDER NO. <b>1188</b>		3. DATE OF ORDER (YYMMDD) <b>2004 JAN 22</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04022000591</b>		5. PRIORITY					
6. ISSUED BY <b>DEFENSE SUPPLY CENTER COLUMBUS</b> <b>3990 E. BROAD STREET</b> <b>P.O. BOX 16704</b> <b>COLUMBUS, OH 43216-5010</b>				7. ADMINISTERED BY (If other than 6) <b>SC0700 DEFENSE SUPPLY CNTR COLUMBUS</b> <b>ATTN DSCC-PLS</b> <b>BOX 16704 (TRANS 614-692-2175)</b> <b>COLUMBUS OH 43216-5010</b>		CODE <b>SP0700</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)						
9. CONTRACTOR <b>LANDOLL CORPORATION</b> <b>1900 NORTH STREET P.O. BOX 111</b> <b>MARYSVILLE KS 66508-0111</b>				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED						
NAME AND ADDRESS				12. DISCOUNT TERMS <b>I/A/W/ BASIC CONTRACT</b>		13. MAIL INVOICES TO <b>SEE BLOCK 15</b>								
14. SHIP TO <b>DO NOT SHIP TO ADDRESSES ON THIS PAGE</b> <b>SEE FOLLOWING PAGE</b> <b>SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM</b>				15. PAYMENT WILL BE MADE BY <b>DFAS COLUMBUS CENTER</b> <b>ATTN DFAS CO BVDPC/CC CONSTRUCTION</b> <b>3990 E BROAD ST PO BOX 182317</b> <b>FAS CUSTOMER SERVICE 1-800-756-4571</b> <b>COLUMBUS, OH 43218-6205</b>				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER						
16. TYPE OF ORDER		<input checked="" type="checkbox"/> DELIVERY <input type="checkbox"/> PURCHASE		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. <b>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</b>										
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)								
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies:												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>CG: 97X4930 5CC0 001 26.0 S33150</b>														
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT		
		<b>Remarks:</b> <b>Terms and conditions are in accordance with Basic Contract.</b>  <b>Vendor's copy was sent EDI.</b> <b>Do not duplicate shipment.</b>												
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA BY: <b>POPS Auto Award</b> CONTRACTING/ORDERING OFFICER					25. TOTAL <b>\$ 382.72</b>				
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____					27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE					
36. I certify this account is correct and proper for payment.  DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS					
37. RECEIVED AT					38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

## CONTINUATION SHEET

Order Number:

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## SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code LPL

6146927123 Post Award Administrator CARY BRYANT

P/N 102-0515 Manufacturer's CAGE - 65459

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7201	PR YPC04022000591	598	EA	0.64	382.72
	NSN 4730-01-158-8417				

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: DEST

ACCEPTANCE POINT: DEST

DELIVERY FOB: DESTINATION

BY: 2004 FEB 21

**PARCEL POST ADDRESS:**

XU TRANSPORTATION OFFICER  
DDSP NEW CUMBERLAND FACILITY  
BUILDING MISSION DOOR 113 134  
NEW CUMBERLAND PA 170705001

**FREIGHT ADDRESS:**

W25G1U  
TRANSPORTATION OFFICER  
DDSP NEW CUMBERLAND FACILITY  
BUILDING MISSION DOOR 113-134  
NEW CUMBERLAND, PA 17070-5001

M/F: (TCN) STOCK BUY RQMT

RDD: 27-FEB-04 PROJ:

END OF AWARD